



John Flynn <JFlynn@afphq.org> on 10/07/2010 08:40:49 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>
cc:

Subject: FEC Form 9

Attached please find the FEC Form 9 filed on behalf of Americans for Prosperity.

Regards,

John

John Flynn
Executive Vice President and General Counsel
Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org
www.AmericansForProsperity.org



FEC Form 9 - 10-7-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

09 30 2010

through

10 07 2010

5. (a) Date of Public Distribution(s)

10 06 2010

(b) Communication Title

"Too Far"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Steve Mullins

(b) Address (number and street)

2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

172,234.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/7/10

NOTE Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

11. Person(s) Sharing/Exercising Control

A. (a) Name: <u>Tim Phillips</u>	
(b) Address (number and street): <u>2111 Wilson Blvd, Suite 350</u>	
(c) City, State and ZIP Code: <u>Arlington, VA 22201</u>	
(d) Name of Employer or Principal Place of Business: <u>Americans for Prosperity</u>	(e) Occupation: <u>President</u>
B. (a) Name: <u>John Phynn</u>	
(b) Address (number and street): <u>2111 Wilson Blvd, Suite 350</u>	
(c) City, State and ZIP Code: <u>Arlington, VA 22201</u>	
(d) Name of Employer or Principal Place of Business: <u>Americans for Prosperity</u>	(e) Occupation: <u>Secretary/Treasurer</u>
C. (a) Name: <u>Steve Mullins</u>	
(b) Address (number and street): <u>2111 Wilson Blvd, Suite 350</u>	
(c) City, State and ZIP Code: <u>Arlington, VA 22201</u>	
(d) Name of Employer or Principal Place of Business: <u>Americans for Prosperity</u>	(e) Occupation: <u>CFO</u>
D. (a) Name: _____	
(b) Address (number and street): _____	
(c) City, State and ZIP Code: _____	
(d) Name of Employer or Principal Place of Business: _____	(e) Occupation: _____
E. (a) Name: _____	
(b) Address (number and street): _____	
(c) City, State and ZIP Code: _____	
(d) Name of Employer or Principal Place of Business: _____	(e) Occupation: _____

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FEC FORM 9 (REV. 12/2007)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle, Initial) of Payee <u>Mentzer Media</u>				Date of Disbursement or Obligation <u>09 30 2010</u>	
Mailing Address of Payee <u>600 Fairmount Avenue</u>				Amount <u>74,822.00</u>	
City <u>Towson</u>	State <u>MD</u>	Zip Code <u>21286</u>		Communication Date <u>10 06 2010</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Too Far" TV Ad</u>					
Name of Federal Candidate <u>Ann Kuster</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NH</u> District: <u>02</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle, Initial) of Payee <u>Mentzer Media</u>				Date of Disbursement or Obligation <u>09 30 2010</u>	
Mailing Address of Payee <u>600 Fairmount Avenue</u>				Amount <u>97,412.00</u>	
City <u>Towson</u>	State <u>MD</u>	Zip Code <u>21286</u>		Communication Date <u>10 07 2010</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Now" TV Ad</u>					
Name of Federal Candidate <u>Julie Lassa</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>WI</u> District: <u>07</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>172,234.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<u>172,234.00</u>	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>10/07/2010</i>
 PREPARER (3/2005)	
DATE PREPARED	